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Attorneys for Plaintiff

UNITED STATES DISTRICT COURT
 EASTERN DISTRICT OF PENNSYLVANIA

IN RE: ASBESTOS PRODUCTS LIABILITY
 LITIGATION (NO. VI),

Civil Action No. MDL. 875

This document relates to James Guthrie, Tony
 Davidson, Ronald Zerangue, Samuel Rester,
 John Gray, Elmer Parolini, Wayne Dufault, Jesse
 Beverly, Jr. v. General Electric Company, Todd
 Shipyards Corporation, Lockheed Martin
 Corporation, Raytheon Aircraft Company,
 McDonnell Douglas Corporation, United States
 District Court for the Northern District of
 California, Case No.C07-2542-JL , Filed May
 14, 2007.

STATEMENT OF CASE STATUS AS
 TO PLAINTIFF Samuel David Rester

Pursuant to Administrative Order No. 12 of May 31, 2007, the above-referenced plaintiff
 makes the following statements:

1. SUBMISSION OF IDENTIFICATION INFORMATION

Plaintiff (full name): Samuel David Rester;

Date of Birth: March 9, 1937;

Last four digits of plaintiff's social security number: 7924;

Plaintiff is a: asbestos-related injury victim. (The person who suffered the asbestos-
 related injury was Samuel David Rester).

2. SUBMISSION OR RELATED COURT ACTIONS

Plaintiff identifies the following related actions, the status of each of the following being

"pending" in the court unless otherwise indicated; with additional information on these related action(s) attached hereto and incorporated herein by this reference:

Samuel David Rester v. Asbestos Defendants, San Francisco Superior Court of the State of California, Case No. 274105; Claim of the Asbestos Injured Party for his personal injury. This case is active, pre-trial.

3. SUBMISSION OF STATEMENT OF CASE STATUS

A. Plaintiff identifies the following defendants as non-bankrupt and unsettled the above stated plaintiff has pled against: GENERAL ELECTRIC COMPANY

B. Plaintiff has achieved resolution of plaintiff's claim with the following defendants: Not applicable.

C. Plaintiff now desires to dismiss from Plaintiff's action the following Defendants: Not applicable.

D. Plaintiff identifies the following defendant(s) as currently in bankruptcy: Not applicable.

4. SUBMISSION OF MEDICAL REPORTS

Plaintiff submits that attached medical diagnosing report / opinion based upon objective and subjective data which is identified and descriptively set out within the report / opinion which will withstand a dispositive motion, and is based on objective and subjective data which is identified and descriptively set out within the report / opinion.

5. ALTERNATIVE PLAINTIFF SUBMISSION

Not Applicable.

6. TIMING REOUIREMENTS

Above plaintiff's action was filed on May 14, 2007 making this submission due on or before August 1, 2007.

7. SCREENED CASES

Plaintiff's claims are not the result of a mass screening.

8. EXCLUSIONS

This case is not designated as 2MDL 875 (MARDOC).

1 9. SETTLEMENT CONFERENCE / SUGGESTIONS OF REMAND

2 Plaintiff asks that a settlement conference be set in this matter and seeks remand of this
3 case back to the originating court.

4 10. MANNER OF SUBMISSIONS

5 In accordance with FRCivP Rule 5, a copy of the foregoing submission is served upon all
6 parties in this above-identified action (Case No.C07-2542-JL) pursuant to the local rules of the
7 United States District Court for the Northern District of California, upon filing with that Court,
8 using that Court's transmission facilities by means of the Court's CM/ECF (Case Management /
9 Electronic Case Filing) system.

10 Dated: 7/10/07

BRAYTON ♦ PURCELL LLP

11
12 By: 

David R. Donadio

Attorneys for Plaintiff Samuel David Rester

DEFENDANTS IN RELATED COURT ACTION

BUCYRUS INTERNATIONAL, INC.
CROWN CORK & SEAL COMPANY, INC.
THOMAS DEE ENGINEERING CO., INC.
FOSTER WHEELER LLC
GARLOCK SEALING TECHNOLOGIES, LLC
OWENS-ILLINOIS, INC.
PARKER-HANNIFIN CORPORATION
PLANT INSULATION COMPANY
QUINTEC INDUSTRIES, INC.
RAPID-AMERICAN CORPORATION
THORPE INSULATION COMPANY
UNIROYAL HOLDING, INC.
VIACOM, INC.
WESTERN MacARTHUR COMPANY
MacARTHUR COMPANY
WESTERN ASBESTOS COMPANY
HONEYWELL INTERNATIONAL, INC.
DAIMLERCHRYSLER CORPORATION
FORD MOTOR COMPANY
GENERAL MOTORS CORPORATION
TOYOTA MOTOR SALES U.S.A., INC.
NISSAN NORTH AMERICA, INC.
AMERICAN HONDA MOTOR CO., INC.
FMC CORPORATION
FIAT USA INC.
GENUINE PARTS COMPANY (GPC)
CROW-BURLINGAME COMPANY
HOPEMAN BROTHERS, INC.
J.T. THORPE & SON, INC.
GEORGIA-PACIFIC CORPORATION
TOSCO REFINING COMPANY, INC.
METROPOLITAN LIFE INSURANCE COMPANY
GATKE CORPORATION
AMERICAN CONFERENCE OF GOVERNMENTAL INDUSTRIAL HYGIENISTS, INC.
UNDERWRITERS LABORATORIES, INC.
PNEUMO ABEX LLC
and DOES 1-8500,

Defendants.

Samuel Rester vs. Asbestos Defendants (B♦P)
San Francisco Superior Court

BRAYTON♦PURCELL LLP
ATTORNEYS AT LAW
222 RUSH LANDING ROAD
P.O. Box 6169
NOVATO, CALIFORNIA 94948-6169
(415) 898-1555



PRAKASH JAY, M.D., INC.

INTERNAL MEDICINE
OCCUPATIONAL MEDICINE
MEDICAL TOXICOLOGY

3975 JACKSON ST., SUITE 105
RIVERSIDE, CA 92503
(951) 785-0530 • FAX (714) 835-6943

MAILING ADDRESS:
801 N. TUSTIN AVE., SUITE 605
SANTA ANA, CA 92705
(714) 835-5883 • FAX (714) 835-6943

October 10, 2006

Gaylord & Nantais
Attorneys at Law
4001 Atlantic Avenue
Long Beach, CA 90807

RE: SAMUEL RESTER
EMP: VARIOUS EMPLOYERS
OCC: Iron Worker
D/I: CT 1972 to 1995
CLAIM: 05 LBO 370152
D/E: 7/28/06

MEDICAL-LEGAL EVALUATION IN INTERNAL MEDICINE AND TOXICOLOGY

Dear Gentlepersons:

At your request, Mr. Samuel Rester was seen in my Riverside office on July 28, 2006, for a Medical-Legal Evaluation in Internal Medicine and Toxicology. I personally and directly obtained the following medical and occupational histories from this sixty-nine-year-old gentleman. Thereafter, I independently examined Mr. Rester, reviewed the diagnostic materials, and prepared this report.

HISTORY OF INJURY as related by Mr. Rester:

Mr. Rester stated that he worked for many California employers as an Iron Worker from 1972 to 1993. He indicated that he worked in Arkansas as a Concrete Finisher from 1993 to 1995. He related that from 1956 to 1958, he was in the Navy. He stated that from 1951 to 1971, he worked as a Welder's Helper in Arkansas.

According to Mr. Rester, when he worked as an Iron Worker in California he worked through the Iron Workers Union and had worked for many employers. He does not recall their names. He stated that he was exposed to asbestos, welding fumes, and dust, without any respiratory protection. He stated that for about three years in the 1970's, he worked for Levine Scrap Metal in Richmond, California, and was involved in the demolition of old ships, and during that process he was exposed to asbestos. He also did welding for Olivan Scrap Metal.

RE: Samuel Rester
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Mr. Rester stated that he was in the Navy from 1956 to 1958 and had exposure to asbestos. He related that as a Welder's Helper in Arkansas from 1951 to 1971 he was exposed to welding fumes and dust.

Mr. Rester stated that he has experienced shortness of breath on exertion during the last few years. He has never smoked.

PAST MEDICAL HISTORY:

Prior major illness:	None.
Prior hospitalizations:	None.
Prior surgeries:	None.
Allergies:	None known.

CURRENT MEDICATIONS:

None.

HABITS:

Alcohol:	Denied.
Cigarettes:	Never smoked.
Illicit Drugs:	Denied.

FAMILY HISTORY:

Father died at age ninety-one, of old age. Mother died at age sixty-three, of unknown cause. He had four sisters and two brothers. His older brothers are deceased. He had three daughters and seven sons. One son died at age forty-three with hydrocephalus.

JOB DESCRIPTION:

Mr. Rester stated that he worked as an Iron Worker for many California employers from 1972 to 1993 and had exposure to asbestos, welding fumes, and dust. For details of occupational exposures, please refer to History of Injury.

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REVIEW OF MEDICAL RECORDS:

Chest X-Ray Report of J.P. Seagram, M.D., a non-certified "B-reader", dated January 11, 2005. "Interstitial changes consistent with pulmonary asbestosis in a subject assuming an appropriate environmental exposure history and an adequate latent period."

Pulmonary Function Study, dated February 8, 2005, read by Christopher John, M.D. "The reduced volumes indicate a restrictive process." FVC was 96% of predicted. Total lung capacity was 65% of predicted.

PHYSICAL EXAMINATION:

Examination revealed a well developed, well nourished, mildly obese sixty-nine-year-old male who was in no acute distress. He was alert, well oriented, and cooperative. No cyanosis, clubbing, or scleral icterus noted.

WEIGHT:	197 pounds.
HEIGHT:	65 inches.
VITAL SIGNS:	Pulse 66 per minute. Respirations 14 per minute. Blood pressure 120/78 mmHg.
HEAD:	Normocephalic, no masses or tenderness.
EYES:	External ocular movements normal. Pupils were round, equal in size and reactive to light and accommodation. Fundi clear. No hemorrhages or exudates present.
EARS:	Clear, tympanic membrane appeared normal, no evidence of discharge from the ears.
THROAT:	Clear. No exudates or inflammation noted.
NOSE:	Unremarkable. No evidence of nasal perforations or ulcerations or bleeding sites noted.

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NECK: Supple, no masses were felt. There was no thyromegaly and no lymphadenopathy. Carotids did not reveal any bruits, there was no jugular venous distention.

CHEST: Appeared normal.

LUNGS: Clear to auscultation and percussion.

HEART: Regular rhythm, S1 and S2 normal. No S3 or S4 heard. No murmur, rub or click heard. No parasternal heaves noted. No thrills felt in the precordial region.

ABDOMEN: Soft, nontender, no masses, no organomegaly. Bowel sounds were present, no hernia noted.

EXTREMITIES: No edema noted. Pedal pulses were well felt. There was no tenderness in calves.

NEUROLOGICAL: Cranial nerves 2 to 12 grossly intact. Good motor strength noted in both upper and lower extremities. No localized weakness noted. Deep tendon reflexes were 2+ and equal bilaterally. Sensory examination was normal for touch, pin prick, joint and vibratory sense. Cerebellar function including coordination, finger to nose and heel to knee was normal. Gait was normal.

DIAGNOSTIC STUDIES:

CBC and PLATELETS: Normal.

CHEMISTRY PANEL: Normal.

LIPID PANEL: Cholesterol 200 mg%, HDL 35 mg%, triglycerides 198 mg% (non-fasting blood sample).

THYROID PANEL: Normal.

ELECTROCARDIOGRAM:

Normal.

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COMPLETE PULMONARY FUNCTION STUDY:

Forced vital capacity was normal, at 94% of predicted. FEV1 was 94% of predicted. FEV1/FVC ratio was 7% of predicted. Total lung capacity was 88% of predicted. Diffusion capacity was 80% of predicted. Oxygen saturation on room air by pulse oximetry was 95%. These findings indicate mild obstructive airways dysfunction.

CHEST X-RAY, SPIRAL CT SCAN, AND HRCT SCAN OF THE CHEST:

Performed on August 17, 2006, at Health Care Imaging Center in Riverside, California, and read by radiologist Daniel Powers, M.D., a certified "B-reader":

- "1. Definite parenchymal changes on prone HRCT and limited, but definite, left-sided thin paravertebral and en face pleural plaquing, consistent with the imaging diagnosis of asbestosis.
2. No visual evidence for emphysema."

DIAGNOSIS:

1. **ASBESTOSIS.**
2. **MILD OBSTRUCTIVE AIRWAYS DYSFUNCTION.**

SUMMARY AND DISCUSSION:

According to Mr. Rester, when he worked as an Iron Worker in California he worked through the Iron Workers Union and had worked for many employers. He does not recall their names. He stated that he was exposed to asbestos, welding fumes, and dust, without any respiratory protection. He stated that for about three years in the 1970's, he worked for Levine Scrap Metal in Richmond, California, and was involved in the demolition of old ships, and during that process he was exposed to asbestos. He also did welding for Olivan Scrap Metal.

Mr. Rester stated that he was in the Navy from 1956 to 1958 and had exposure to asbestos. He related that as a Welder's Helper in Arkansas from 1951 to 1971 he was exposed to welding fumes and dust.

Mr. Rester stated that he has experienced shortness of breath on exertion during the last few years. He has never smoked.

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Mr. Rester underwent a thorough physical examination, and this was normal. Mr. Rester was administered a battery of diagnostic tests, including blood tests, electrocardiogram, a complete pulmonary function study, chest x-ray, spiral CT scan, and HRCT scan of the chest. The results of these tests are noted above.

CAUSATION:

Based upon the aforementioned information, it is evident that as a result of Mr. Rester's cumulative exposure to asbestos, he has developed asbestosis. Mr. Rester's asbestosis has been confirmed by radiographic findings. However, Mr. Rester's complete pulmonary function study does not show any evidence of restrictive lung disease. Therefore, it is evident that although Mr. Rester has evidence of asbestosis, he does not have any permanent disability or work restrictions as a result at this time.

Based upon the aforementioned information, it is evident that as a result of Mr. Rester's cumulative workplace exposure to welding fumes and dust over many years during the course of his employment as an Iron Worker, he has developed mild obstructive airways dysfunction. Mr. Rester does not have any evidence of emphysema by radiographic studies. I should further note that he has never smoked. Therefore, it is evident that Mr. Rester's obstructive airways dysfunction is the direct result of his cumulative workplace exposure to welding fumes and dust.

DISABILITY STATUS:

Mr. Rester is permanent and stationary.

Subjective factors of disability:

Shortness of breath on exertion, slight.

Objective factors of disability:

Mild obstructive airways dysfunction.

WORK RESTRICTIONS:

As a result of Mr. Rester's exertional dyspnea due to mild obstructive airways dysfunction, he is precluded from very heavy work. Additionally, he is prophylactically precluded from exposure to inhalant irritants, including smoke, fumes, and dust. As I

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have indicated earlier in this report, I should note that although Mr. Rester has evidence of asbestosis, he does not have any permanent disability or work restrictions because he does not have any evidence of restrictive lung disease by pulmonary function testing.

MEDICAL TREATMENT:

Mr. Rester is in need of ongoing follow-up and treatment of his obstructive airways dysfunction. This treatment includes periodic visits to his physician's office, the need for medications, and the need for periodic diagnostic testing.

As a result of Mr. Rester's asbestosis, he clearly needs ongoing follow-up and monitoring. This includes annual physical examinations, chest x-rays, complete pulmonary function studies, and periodic HRCT scans of the chest.

APPORTIONMENT (pursuant to Labor Code §4663 and §4664):

There is no basis for apportionment. Mr. Rester had no preexistent pulmonary problems and had no preexisting pulmonary disability. He had no prior industrial internal medicine disability award. Additionally, I should note that Mr. Rester has never smoked. Therefore, Mr. Rester's present disability due to obstructive airways dysfunction is 100% apportionable to industrial factors and 0% to nonindustrial factors.

Mr. Rester's permanent disability due to obstructive airways dysfunction is proportionately apportionable to the duration of his employment with various employers.

Thank you for asking me to evaluate this patient, and if you should have any questions please do not hesitate to contact this office.

Sincerely,



Prakash Jay, M.D.
Qualified Medical Evaluator
Diplomate American Board of Internal Medicine
Diplomate American Board of Preventive Medicine
with Specialty in Occupational Medicine
Certified Independent Medical Examiner

PJ/ats

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October 10, 2006
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Pursuant to LC 139.2, 139.3, 4628(b), 4628(j) 5703.6 & 5703 (a)(2):

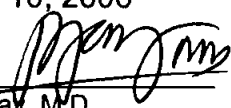
I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

I further declare under penalty of perjury that I personally performed the evaluation of the patient on July 28, 2006, at 3975 Jackson St., Suite 105, Riverside, California, and except as otherwise stated herein, the evaluation was performed and the time spent performing the evaluation complies with the guidelines, if any, established by the Industrial Medical Council or the Administrative Director pursuant Section 139.2 (j) (5) or Section 5307.6.

I further declare under penalty of perjury that I have not violated the provisions of L.C. Section 139.3 with regard to the evaluation of this patient or the preparation of this report.

I further declare under penalty of perjury that I personally and directly obtained the history from this patient. Thereafter, I independently examined the patient, reviewed the available records, and prepared this report. The vital statistics were taken by Patricia Acosta, C.M.A., and/or Laureen Battershill, R.C.P., R.P.F.T., R.C.P.T. All diagnostic studies were performed in this office using the equipment owned by Prakash Jay, M.D., under the direction of Prakash Jay, M.D., unless otherwise stated. Blood tests, if performed, were performed in this office by Peter Munchheimer, licensed clinical laboratory technologist, under the direction of Prakash Jay, M.D., unless otherwise stated. Echocardiogram, if performed, was performed by Gretchen Koscki, and/or Fran Aronson, specialty trained graduates in echocardiography, under the supervision of Prakash Jay, M.D. Other diagnostic tests including electrocardiogram, spirometry, holter monitoring, and blood pressure monitoring, if performed, were performed by Patricia Acosta, C.M.A. and/or Laureen Battershill, R.C.P., R.P.F.T., R.C.P.T., under the supervision of Prakash Jay, M.D. Complete Pulmonary Function testing, when indicated, is performed by Scott Johnson, Registered Pulmonary Function Technician. The interpretation of all diagnostic tests were done by Prakash Jay, M.D., unless otherwise stated. The entire report was dictated and reviewed by Prakash Jay, M.D.

Date of Report: October 10, 2006

Signature:  Dated: October 10, 2006
Prakash Jay, M.D.
in Orange County, California

Lab: Prakash Jay, M.D.
 801 N. TUSTIN AVE. # 605
 SANTA ANA, CA 92705
 (714) 835-5883 FAX (714) 835-6943

FINAL SAMPLE REPORT

Page:1

Patient Name: **RESTER, SAMUEL**
 Patient ID: 03-09-37-SR
 DOB: 03/09/1937 AGE:69 Sex: M
 Comments:

Reported:07/29/06 15:38
 Doctor: PRAKASH JAY, M.D.
 Location: PRAKASH JAY, M.D., INC.

Lab No: 10926 Drawn:07/28/06 12:00 Tech: LAU
 Comments: NON-FASTING

PROCEDURE	NORMAL	ABNORMAL	REFERENCE RANGE	UNITS
*** HEMATOLOGY ***				
WHITE CELL COUNT	5.2		4.2 - 10.8	X1000/CUMM
RED CELL COUNT	4.99		4.37 - 5.63	MIL/CUMM
HEMOGLOBIN	14.6		13.5 - 18.0	G/DL
HEMATOCRIT	43.7		41.0 - 52.0	%
MCV	87.6		80.0 - 100.0	FL
MCH	29.3		27.0 - 32.0	PG
MCHC	33.4		31.0 - 36.0	G/DL
PLATELETS	220		150 - 400	X1000/CUMM

*** CORONARY PROFILE ***

CHOLESTEROL	200		120 - 200	mg/dL
TRIGLYCERIDES		198 +	35 - 160	mg/dL
HDL	35		35 - 100	mg/dL
LDL-CALCULATED	125		0 - 130	CALC
RISK FACTOR CHOLESTEROL/HDL	5.7		2.0 - 7.0	CALC

*** COMPREHENSIVE METABOLIC PANEL ***

SODIUM	144		135 - 148	mmol/L
POTASSIUM	4.3		3.5 - 5.5	mmol/L
CHLORIDE	102		98 - 109	mEq/L
CARBON DIOXIDE	24		22 - 33	mEq/L
GLUCOSE	87		73 - 113	mg/dL
UREA NITROGEN	11		7 - 22	mg/dL
CREATININE	1.1		0.5 - 1.4	mg/dL
TOTAL PROTEIN	7.9		6.0 - 8.5	g/dL
ALBUMIN	4.0		3.5 - 5.3	g/dL
CALCIUM	9.4		8.0 - 10.3	mg/dL
ALT (SGPT)	19		5 - 49	U/L

TESTING PERFORMED BY PETER MUNCHHEIMER C.L.S

801 N. TUSTIN AVE. # 605
SANTA ANA, CA 92705
(714) 835-5883 FAX (714) 835-6943

FINAL SAMPLE REPORT

Page:2

Patient Name: **RESTER, SAMUEL**
Patient ID: 03-09-37-SR
DOB: 03/09/1937 AGE:69 Sex: M
Comments:

Reported:07/29/06 15:38
Doctor: PRAKASH JAY, M.D.
Location: PRAKASH JAY, M.D., INC.

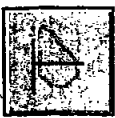
Lab No: 10926 Drawn:07/28/06 12:00 Tech: LAU
Comments: NON-FASTING

PROCEDURE	NORMAL	ABNORMAL	REFERENCE RANGE	UNITS
AST (SGOT)	16		9 - 48	U/L
ALK. PHOS.	146		31 - 147	U/L
TOTAL BILIRUBIN	0.7		0.0 - 1.5	mg/dL
URIC ACID	7.5		2.6 - 7.7	mg/dL

*** THYROID TESTS ***

Ultra TSH	0.77		0.47 - 5.01	uIU/mL
T4	7.1		4.5 - 12.0	
T-UPTAKE	1.01		0.72 - 1.24	units
FREE THYROXINE INDEX	7.0		5.0 - 12.0	CALC
FREE T4, DIRECT	0.90		0.71 - 1.85	ug/dL
TOTAL T3	1.15		0.51 - 1.65	

TESTING PERFORMED BY PETER MUNCHHEIMER C.L.S



Name: RESTER, JAMES

Gender: Male

Age: 69 Race: Black

Height(cm): 168 Weight(lb): 197

Any Info:

Id: 081906023

Date: 08/19/06

Temp: 24 PBar: 764

Physician: JAY

Technician: SJ

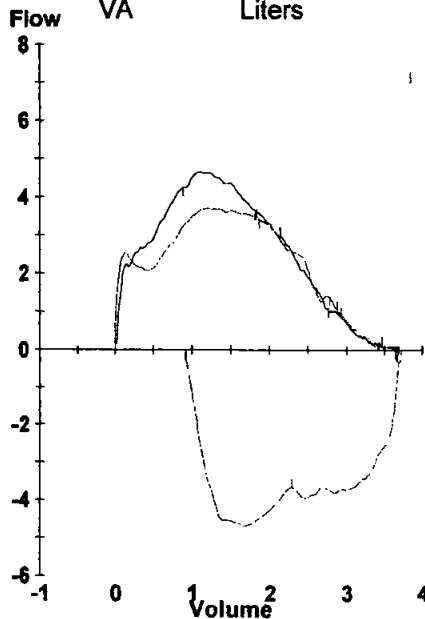
Spirometry (BTPS)		PRE-RX			POST-RX		% Chg
		PRED	BEST	%PRED	BEST	%PRED	
FVC	Liters	3.95	3.69	93	3.72	94	1
FEV1	Liters	3.08	2.94	95	2.88	94	-2
FEV1/FVC	%	78	80		77		
FEF25-75%	L/sec	2.94	2.96	101	2.76	94	-7
FEF50%	L/sec		3.65		3.47		-5
PEF	L/sec		5.56		3.72		-33
MVV	L/min		91				

Lung Volumes (BTPS)

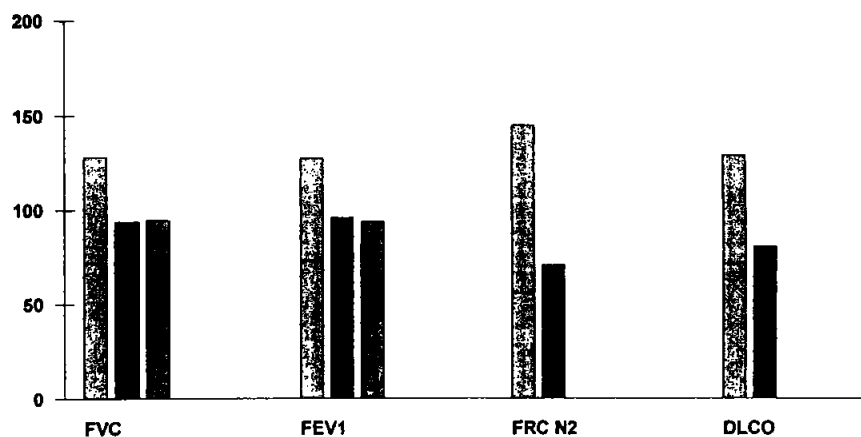
TLC	Liters	6.24	5.51	88
RV	Liters	2.22	1.82	82
RV/TLC	%	35	33	
FRC N2	Liters	3.26	2.29	70
VC	Liters	3.95	3.69	93

Diffusion

DLCO	mL/mmHg/min	28.4	22.8	80
DL Adj	mL/mmHg/min	28.4	22.8	80
DLCO/VA	mL/mHg/min/L	4.73	4.56	96
DLVA Adj	mL/mHg/min/L		4.56	
VA	Liters		5.00	



PRE POST



Comments:

Spirometry data is ACCEPTABLE and REPRODUCIBLE. SAO2 95%. 2 PUFFS ALB. MIP<-60 MEP>60

Interpretation:

Mild Obstructive Airways Dysfunction

() = OUTSIDE 95% CONFIDENCE INTERVAL

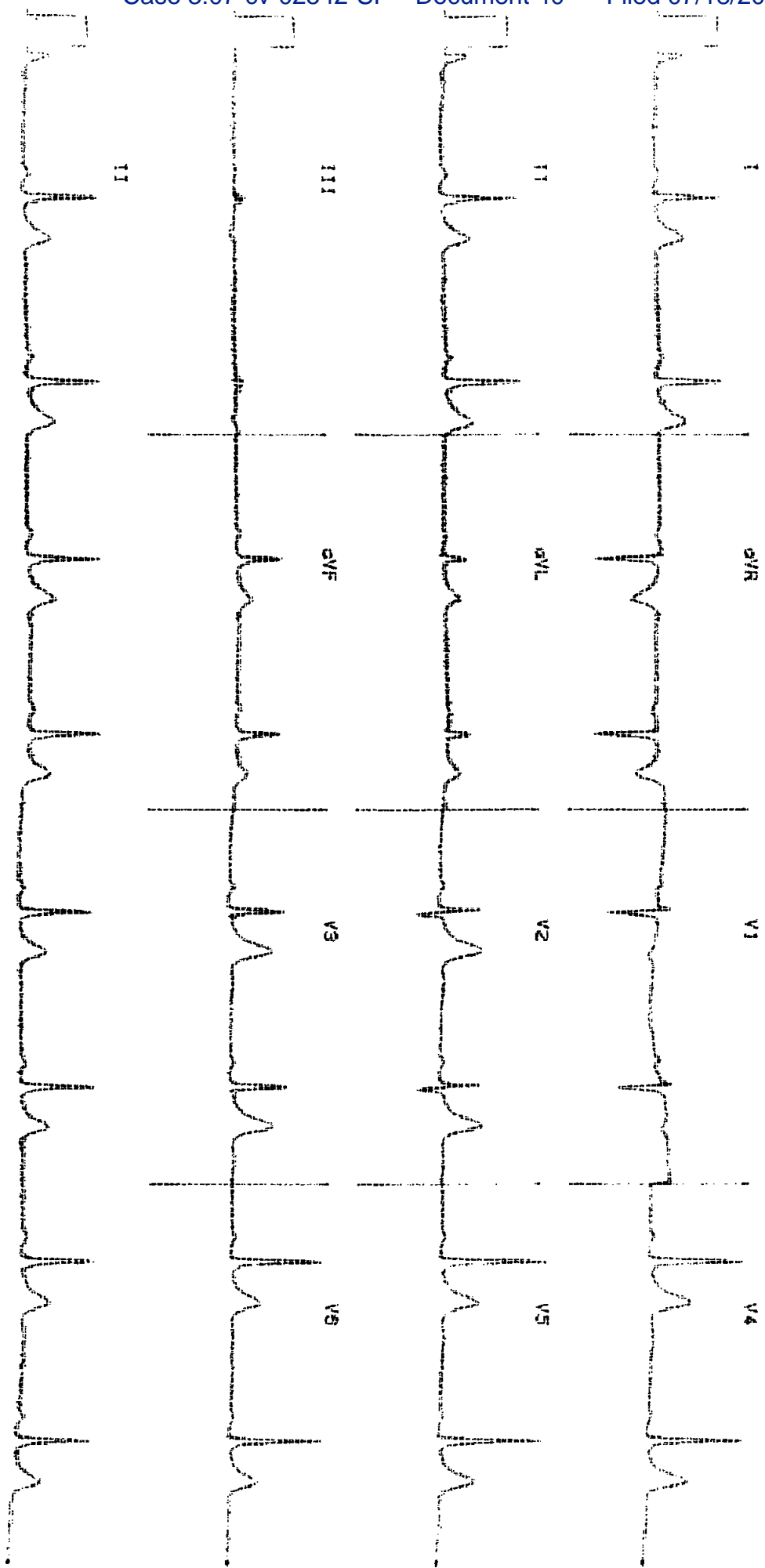
Norm Set: Crapo/Hsu

Version: IVS-0101-06-2

Prakash Jay, M.D., Inc.
 1000 17th St
 Suite 100
 San Francisco, CA 94107
 Tel: 415.774.7424
 Fax: 415.774.7425

SINUS BRADYCARDIA
 NORMAL ECG

11/17/07 17:45/02
 Ventr. Rate 50
 PR Interval 176
 QRS Duration 86
 QT/QTc 392/367
 P-R-T axes 35 40 30



PRAKASH JAY, M.D., INC.



PATIENT NAME: RESTER, SAMUEL DOB: 03/09/37 (69 yrs old)
FILE NO.: 47082
DATE OF TESTING: AUGUST 17, 2006
REFERRING PHYSICIAN: PRAKASH JAY, M.D.

OVERALL CONCLUSIONS:

The four plain radiographic views of the chest, the supine computerized tomographic scan of the chest without iodinated contrast (spiral CT scan) and the prone high resolution, thin slice computerized tomographic scan of the lungs (HRCT) revealed:

1. **DEFINITE PARENCHYMAL CHANGES ON PRONE HRCT AND LIMITED, BUT DEFINITE, LEFT-SIDED THIN PARAVERTEBRAL AND EN FACE PLEURAL PLAQUING, CONSISTENT WITH THE IMAGING DIAGNOSIS OF ASBESTOSIS.**
2. **OTHER FINDINGS:**
 - A) **NO VISUAL EVIDENCE FOR EMPHYSEMA.**
 - B) **PRIOR GRANULOMATOUS DISEASE WITH CALCIFIED RIGHT HILAR LYMPH NODES, ADJACENT CALCIFIED LUNG GRANULOMAS, AND CALCIFIED SPLENIC GRANULOMAS.**

ADDITIONAL COMMENTS:

This is a classic case of how the chest radiograph shows equivocal to negative evidence for interstitial disease, but the prone HRCT is able to show very visually obvious interstitial disease at the posterior lung bases along with very thin, but definite, left-sided pleural plaquing – meaning that the chest x-ray was a false negative with the HRCT proving the positive nature of the findings.

DISCUSSION:

The PA upright chest x-ray (CXR) gives an overview of the thorax for plaquing, interstitial/parenchymal changes, nodules and/or other masses, effusions and diffuse pleural changes. However the chest wall, pleura, hila, mediastinum and lung parenchyma are superimposed and thus, findings may be missed, underestimated or overlapping and difficult to separate out from one another. Oblique views of the chest allow for additional analysis of the chest walls.

Discovery Diagnostics, Inc.

Providing Statewide Diagnostic Imaging Services and Second Opinions

Administrative Offices: 6200 Wilshire Blvd., Suite 1006, Los Angeles, CA 90048
(323) 933-5100 • (800) 222-6768 • Fax Numbers: (323) 933-5847 • (800) 272-2713

RE: RESTER, SAMUEL
Asbestos Overall Conclusions
August 17, 2006
Page 2

DISCUSSION: – (continued)

The supine computerized tomographic scan of the chest without iodinated contrast (spiral CT scan) is designed to screen for pleural plaquing and differentiate extra-pleural fat from pleural plaques. It also looks for pulmonary nodules suggestive for carcinoma, rounded atelectasis, mesotheliomas and pleural effusions. Compared with plain radiographs, it is better able to separate out the chest wall, pleura, hila, mediastinum and lung parenchyma for improved delineation of individual findings. It is superior to plain radiographs for the detection of calcification within plaques. Should interstitial fibrosis be a concern, then prone HRCT would be necessary because the spiral CT scan is performed with relatively thick slices (5 mm thick, 5 mm apart) and in the supine position, leading to dependent density where the blood pools in the posterior aspects of the lungs causing increased density, the areas most often the location of interstitial fibrosis caused by asbestosis.

The prone high resolution, thin slice computerized tomographic scan of the lungs (HRCT) is designed to evaluate the chest for interstitial fibrosis, given its thin slices (1.0 mm thick). Improved resolution, but lesser screening for pleural plaque formation and improved pulmonary nodule characterization, if specifically scanned, is afforded by this technique.

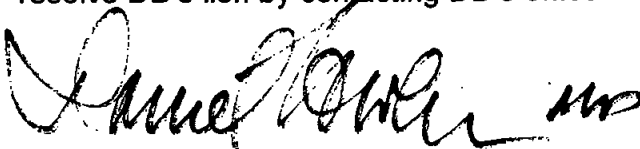
PROCEDURE:

All three studies - the plain radiographs, supine spiral CT and prone HRCT were obtained at **HEALTHCARE IMAGING CENTER (RIVERSIDE, CALIFORNIA)** by Tony Marchbanks, CRT, ARRT. The supine spiral CT and prone HRCT studies were performed on a General Electric, Hi-Speed spiral CT scanner.

Statement Regarding Section 139.3 of the Labor Code and Truth in Reporting:

Under penalty of perjury, the above diagnostic imaging studies and report have not been obtained in knowing violation of Labor Code Section 139.3 and the contents of the report are true and correct to the best knowledge of the signing physician below.

Mailing Notice and Lien Settlement Request – Please add Discovery Diagnostics, Inc. (DD) to the address list for service of all notices of conferences, MSC's and hearings before the WCAB. DD is advising the WCAB that it may not appear at hearings or MSC's for the case in chief; however, in accordance with Procedures set forth in the Policy and Procedural Manual Index No. 6.610 effective 2/1/95, DD requests defendants to have full authority to resolve DD's lien by contacting DD's office and asking to speak with a DD "lien negotiator".



Daniel Powers, M.D.
Diagnostic Radiologist
American Board of Radiology Certified
Federal Government Certified "B-Reader"
California License #G034426

PERSON'S NAME AND AGE: Samuel Rester 69 years old 47082

4A. ANY OTHER ABNORMALITIES? YES ☒ COMPLETE 4B, 4C, 4D, 4E NO

4B. OTHER SYMBOLS (OBLIGATORY)

Other diseases or significant abnormalities

Date Personal Physician or Worker Notified?

MONTH DAY YEAR

4C. MARK ALL BOXES THAT APPLY:

Abnormalities of the Diaphragm

- ☐ Eventration ☐ Prominent muscles slips
☐ Hiatal hernia

Airway Disorders

- ☐ Hyperinflation
☐ Bronchovascular markings, heavy or increased

Bony Abnormalities

- ☐ Bony chest cage abnormality ☐ Scoliosis
☐ Vertebral body compression fracture ☐ Kyphosis
☐ Clavicle fracture ☐ AC joint/glenohumeral joint abnormalities
☐ Vertebral column deteriorative changes which can include bony spurring, disc space narrowing, vacuum disc phenomenon and/or calcified disc

Lung Parenchymal Abnormalities

- ☐ Azygos lobe ☐ Nodule, nodular lesion
☐ Infiltrate/Consolidation ☐ Other lung density

Miscellaneous Abnormalities

- ☐ Post-surgical changes/sternal wire
☐ Pacemaker
☐ Shorter pacemaker lead, curved upwards
☐ Foreign body
☐ Prominent fatty deposition involving the mediastinum or cardiophrenic fat pads

Vascular Disorders

- ☐ Anomaly of Aorta
☐ Vascular abnormality

4D. OTHER COMMENTS

4E. SHOULD PERSON SEE PERSONAL PHYSICIAN BECAUSE OF FINDINGS IN SECTIONS 4B, 4C, 4D?



(UNLESS CLINICALLY INDICATED)

☒ DEFINITE NO PLAIN RADIOGRAPHIC EVIDENCE FOR ASBESTOSIS AT THIS TIME.

☐ PLEURAL PLAQUE FORMATION CONSISTENT WITH PRIOR ASBESTOS EXPOSURE.

☐ PARENCHYMAL CHANGES HAVING THE APPEARANCE AND DISTRIBUTION OF ASBESTOSIS.

☐ PARENCHYMAL CHANGES AND PLEURAL PLAQUING CONSISTENT WITH THE RADIOGRAPHIC DIAGNOSIS OF ASBESTOSIS.

B-READER PHYSICIAN:

[Handwritten signature]

Samuel Rester 69 years old

Healthcare Imaging (Riverside, CA.)

1A. DATE OF CT MONTH DAY YEAR 0 8 1 7 0 6		1B. SCANNER GENERAL ELECTRIC, HI SPEED SPIRAL CT/ SUPINE 5mm THICK SLICES, 5mm APART		1C. IS STUDY COMPLETELY NEGATIVE? YES NO <input checked="" type="checkbox"/> Proceed to Section 2																																					
2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES COMPLETE 2B and 2C NO <input checked="" type="checkbox"/> PROCEED TO SECTION 3																																									
2B. SMALL OPACITIES a. NO VISUALIZED INTERSTITIAL CHANGES—SUGGEST PRONE HRCT TO EXCLUDE MILD DISEASE b. DEPENDENT DENSITY MAKING MILD DISEASE DIFFICULT TO IDENTIFY—SUGGEST PRONE HRCT c. MODERATE DISEASE d. SEVERE DISEASE		2C. NODULES/MASSES NON-CALCIFIED NODULES UNDER 5mm NON-CALCIFIED NODULES ≥ 5mm PROBABLE CALCIFIED GRANULOMA(S) ROUNDED ATELECTASIS CICATRICIAL MASS PROCEED TO SECTION 3		SITE <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																					
3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES COMPLETE 3B, 3C, and 3D NO <input checked="" type="checkbox"/> PROCEED TO SECTION 4																																									
3B. PLEURAL PLAQUES (mark site, calcification, extent, and width) Chest wall Site Calcification Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3 Width (in profile only) 1 to 5 mm = a 5 to 10 mm = b > 10 mm = c																																									
3C. COSTOPHRENIC ANGLE OBLITERATION PROCEED TO SECTION 3D NO <input checked="" type="checkbox"/> PROCEED TO SECTION 4A																																									
3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width) Chest wall Site Calcification Extent Width																																									
4A. ANY OTHER ABNORMALITIES? YES COMPLETE 4B, 4C, 4D, 4E NO <input checked="" type="checkbox"/>																																									
4B. OTHER SYMBOLS (OBLIGATORY) Other diseases or significant abnormalities Date Personal Physician or Worker Notified?																																									
4C/D. OTHER COMMENTS? ① PLACUING IS VERY THIN ② #25 → PROBABLY BRANCHING VESSEL RATHER THAN NODULE ON (R).																																									
4E. SHOULD PERSON SEE PERSONAL PHYSICIAN BECAUSE OF FINDINGS IN SECTIONS 4B, 4C, 4C(2), 4D? YES <input checked="" type="checkbox"/> (UNLESS CLINICALLY INDICATED)																																									

DISCOVERY
DIAGNOSTICS INC.
5200 WILSHIRE BLVD. #1008, LOS ANGELES, CA 90048
(323) 933-5100 or (800) 222-6768

4C(2). ANY OTHER ABNORMALITIES? YES ☒ NO

MARK ALL BOXES THAT APPLY:

Abnormalities of the Diaphragm

- ☐ Eventration
☐ Hiatal Hernia

Airway Disorders

- ☐ Thickened Bronchial walls ☐ Mucous Plugging
☐ Bronchiectasis

Bony Abnormalities

- ☐ Scoliosis
☐ Vertebral column deteriorative changes which can include bony spurring, disc space narrowing, vacuum disc phenomenon and/or calcified disc
☐ Costovertebral Joint Deteriorative Changes
☐ Vertebral body spurring or calcified ligamentum flava encroaching into neuroforamina of spinal canal
☐ Facet Joint Deteriorative Changes
☐ Schmorl's Node(s)

Vascular Disorders

- ☐ Anomoly of Aorta
☐ Vascular abnormality
☐ Coronary Artery Calcifications
☐ Limited ☐ Moderate ☐ Dense/Severe

Abdominal Abnormalities

Abnormalities of the Liver

- ☐ Rounded Low Density Lesions ☐ Calcified Granulomas ☐ Fatty Infiltration

Abnormalities of the Spleen

- ☒ Calcified Granulomas ☐ Small Splenic Size ☐ Elongated/Enlarged Splenic Size

Abnormalities of the Adrenal Glands

- ☐ Right ☐ Left ☐ Hyperplasia/Diffuse Enlargement ☐ Focal Mass

Abnormalities of the Gall Bladder

- ☐ Distended ☐ Sludge ☐ Calcified Stone(s) ☐ S/P Cholecystectomy

Abnormalities of the Kidneys

- ☐ Right ☐ Left ☐ Apparent low density "cysts" ☐ High density mass
☐ Isodense or heterogeneous mass ☐ Rim calcified mass ☐ Stone(s)/Nephrolithiasis

Lung Parenchymal Abnormalities

- ☐ Azygos Lobe
☐ Infiltrate/Consolidation
☐ Nodule, Nodular Lesion
☐ Volume Loss
☐ Mediastinal Shift to ☐ Right or ☐ Left
☐ Paravertebral Atelectasis/Scarring to ☐ Right or ☐ Left
☐ Emphysema
☐ Centrilobular ☐ Paraseptal ☐ Panlobular ☐ Paracicatricial

Miscellaneous Abnormalities

- ☐ Foreign Body
☐ Post-surgical Changes/Sternal Wire
☐ Pacemaker
☐ Prominent fatty deposition involving the mediastinum or cardiophrenic fat pads
☐ Extra-pleural chest wall fatty deposition
☒ Calcified Lymph Nodes *30/31*
☐ Pretracheal ☒ Right Hilar ☐ Left Hilar
☐ Subcarinal ☐ Para-aortic ☐ Other

- ☐ NO CT EVIDENCE FOR ASBESTOSIS AT THIS TIME.
☒ *(Disseminated very thin)* PLEURAL PLAQUE FORMATION CONSISTENT WITH PRIOR ASBESTOS EXPOSURE.
☐ PARENCHYMAL CHANGES HAVING THE APPEARANCE AND DISTRIBUTION OF ASBESTOSIS.
☐ PARENCHYMAL CHANGES AND PLEURAL PLAQUING CONSISTENT WITH THE CT DIAGNOSIS OF ASBESTOSIS.

B-READER PHYSICIAN: Power MD

FILE NUMBER: 47082 PERSON'S NAME AND AGE: Samuel Rester 69 years old FACILITY: Healthcare Imaging (Riverside, CA.)

DANIEL POWERS, M.D.

B READER
AMERICAN BOARD OF RADIOLOGY CERTIFIED
CALIFORNIA MEDICAL LICENSE # G 34426

1A. DATE OF HRCT MONTH DAY YEAR 0 8 1 7 0 6	1B. SCANNER GENERAL ELECTRIC HI-SPEED CT PRONE 1mm THICK SLICES	1C. IS STUDY COMPLETELY NEGATIVE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Proceed to Section 2																									
2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/> COMPLETE 2B and 2C NO <input type="checkbox"/> PROCEED TO SECTION 3																											
2B. SMALL OPACITIES INTRALOBULAR INTERSTITIAL THICKENING INTERLOBULAR SEPTAL THICKENING NON-DEPDT. SUBPLEURAL LINE FORMATION PARENCHYMAL BANDS HONEYCOMBING GROUND GLASS AREAS	SITE 11 → 17 EXTENT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	2C. NODULES/MASSES NON-CALCIFIED NODULES UNDER 5mm NON-CALCIFIED NODULES ≥ 5mm PROBABLE CALCIFIED GRANULOMA(S) ROUNDED ATELECTASIS CICATRICAL MASS PROCEED TO SECTION 3																									
3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input type="checkbox"/> COMPLETE 3B, 3C, and 3D NO <input type="checkbox"/> PROCEED TO SECTION 4																											
3B. PLEURAL PLAQUES (mark site, calcification, extent, and width) <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">Chest wall</th> <th style="width:15%;">Site</th> <th style="width:15%;">Calcification</th> <th style="width:25%;">Extent (chest wall; combined for in profile and face on)</th> <th style="width:30%;">Width (in profile only)</th> </tr> <tr> <td>In profile</td> <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100</td> <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100</td> <td>Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3</td> <td>1 to 5 mm = a 5 to 10 mm = b > 10 mm = c</td> </tr> <tr> <td>Face on</td> <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100</td> <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100</td> <td></td> <td></td> </tr> <tr> <td>Diaphragm</td> <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100</td> <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100</td> <td></td> <td></td> </tr> <tr> <td>Other site(s)</td> <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100</td> <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100</td> <td></td> <td></td> </tr> </table>			Chest wall	Site	Calcification	Extent (chest wall; 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4A. ANY OTHER ABNORMALITIES? YES <input checked="" type="checkbox"/> COMPLETE 4B, 4C, 4D, 4E NO <input type="checkbox"/>																											
4B. OTHER SYMBOLS (OBLIGATORY) Other diseases or significant abnormalities Date Personal Physician or Worker Notified?																											
4C/D. OTHER COMMENTS?																											
4E. SHOULD PERSON SEE PERSONAL PHYSICIAN BECAUSE OF FINDINGS IN SECTIONS 4B, 4C, 4C(2), 4D? <input checked="" type="checkbox"/> (UNLESS CLINICALLY INDICATED)																											

DISCOVERY
DIAGNOSTICS INC.

6200 WILSHIRE BLVD. #1008, LOS ANGELES, CA 90048
(323) 933-5100 or (800) 222-6768

PERSON'S NAME AND AGE:

Samuel Rester 69 years old

FILE NUMBER:

47082

4C(2). ANY OTHER ABNORMALITIES? YES ☒ NO

MARK ALL BOXES THAT APPLY:

Abnormalities of the Diaphragm

- ☐ Eventration
☐ Hiatal Hernia

Airway Disorders

- ☐ Thickened Bronchial walls ☐ Mucous Plugging
☐ Bronchiectasis

Bony Abnormalities

- ☐ Scoliosis
☐ Vertebral column deteriorative changes which can include bony spurring, disc space narrowing, vacuum disc phenomenon and/or calcified disc
☐ Costovertebral Joint Deteriorative Changes
☐ Vertebral body spurring or calcified ligamentum flava encroaching into neuroforamina of spinal canal
☐ Facet Joint Deteriorative Changes
☐ Schmorl's Node(s)

Vascular Disorders

- ☐ Anomaly of Aorta
☐ Vascular abnormality
☐ Coronary Artery Calcifications
☐ Limited ☐ Moderate ☐ Dense/Severe

Lung Parenchymal Abnormalities

- ☐ Azygos Lobe
☐ Infiltrate/Consolidation
☐ Nodule, Nodular Lesion
☐ Volume Loss
☐ Mediastinal Shift to ☐ Right or ☐ Left
☐ Paravertebral Atelectasis/Scarring to ☐ Right or ☐ Left
☐ Emphysema
☐ Centrilobular ☐ Paraseptal ☐ Panlobular ☐ Paracatricial

Miscellaneous Abnormalities

- ☐ Foreign Body
☐ Post-surgical Changes/Sternal Wire
☐ Pacemaker
☐ Prominent fatty deposition involving the mediastinum or cardiophrenic fat pads
☐ Extra-pleural chest wall fatty deposition
☒ Calcified Lymph Nodes
☐ Pretracheal ☒ Right Hilar ☐ Left Hilar
☐ Subcarinal ☐ Para-aortic ☐ Other

Abdominal Abnormalities

Abnormalities of the Liver

- ☐ Rounded Low Density Lesions ☐ Calcified Granulomas ☐ Fatty Infiltration

Abnormalities of the Spleen

- ☒ Calcified Granulomas ☐ Small Splenic Size ☐ Elongated/Enlarged Splenic Size

Abnormalities of the Adrenal Glands

- ☐ Right ☐ Left ☐ Hyperplasia/Diffuse Enlargement ☐ Focal Mass

Abnormalities of the Gall Bladder

- ☐ Distended ☐ Sludge ☐ Calcified Stone(s) ☐ S/P Cholecystectomy

Abnormalities of the Kidneys

- ☐ Right ☐ Left ☐ Apparent low density "cysts" ☐ High density masses
☐ Isodense or heterogeneous mass ☐ Rim calcified mass ☐ Stone(s)/Nephrolithiasis

- ☐ NO HRCT EVIDENCE FOR ASBESTOSIS AT THIS TIME.
☐ PLEURAL PLAQUE FORMATION CONSISTENT WITH PRIOR ASBESTOS EXPOSURE.
☐ PARENCHYMAL CHANGES HAVING THE APPEARANCE AND DISTRIBUTION OF ASBESTOSIS.
☒ PARENCHYMAL CHANGES AND PLEURAL PLAQUING CONSISTENT WITH THE HRCT DIAGNOSIS OF ASBESTOSIS.

B-READER PHYSICIAN:

[Signature]

DANIEL POWERS, M.D.

B READER
AMERICAN BOARD OF RADIOLOGY CERTIFIED
CALIFORNIA MEDICAL LICENSE # G 34426

DISCOVERY
DIAGNOSTICS INC.

6200 WILSHIRE BLVD. #1008, LOS ANGELES, CA 90048
(323) 933-5100 or (800) 222-6768



PATIENT NAME: RESTER, SAMUEL DOB: 03/09/37 (69 yrs old)
FILE NO.: 47082
DATE OF TESTING: AUGUST 17, 2006
REFERRING PHYSICIAN: PRAKASH JAY, M.D.

OVERALL CONCLUSIONS:

The four plain radiographic views of the chest, the supine computerized tomographic scan of the chest without iodinated contrast (spiral CT scan) and the prone high resolution, thin slice computerized tomographic scan of the lungs (HRCT) revealed:

1. **DEFINITE PARENCHYMAL CHANGES ON PRONE HRCT AND LIMITED, BUT DEFINITE, LEFT-SIDED THIN PARAVERTEBRAL AND EN FACE PLEURAL PLAQUING, CONSISTENT WITH THE IMAGING DIAGNOSIS OF ASBESTOSIS.**
2. **OTHER FINDINGS:**
 - A) **NO VISUAL EVIDENCE FOR EMPHYSEMA.**
 - B) **PRIOR GRANULOMATOUS DISEASE WITH CALCIFIED RIGHT HILAR LYMPH NODES, ADJACENT CALCIFIED LUNG GRANULOMAS, AND CALCIFIED SPLENIC GRANULOMAS.**

ADDITIONAL COMMENTS:

This is a classic case of how the chest radiograph shows equivocal to negative evidence for interstitial disease, but the prone HRCT is able to show very visually obvious interstitial disease at the posterior lung bases along with very thin, but definite, left-sided pleural plaquing – meaning that the chest x-ray was a false negative with the HRCT proving the positive nature of the findings.

DISCUSSION:

The PA upright chest x-ray (CXR) gives an overview of the thorax for plaquing, interstitial/parenchymal changes, nodules and/or other masses, effusions and diffuse pleural changes. However the chest wall, pleura, hila, mediastinum and lung parenchyma are superimposed and thus, findings may be missed, underestimated or overlapping and difficult to separate out from one another. Oblique views of the chest allow for additional analysis of the chest walls.

Discovery Diagnostics, Inc.

Providing Statewide Diagnostic Imaging Services and Second Opinions

Administrative Offices: 6200 Wilshire Blvd., Suite 1006, Los Angeles, CA 90048
(323) 933-5100 • (800) 222-6768 • Fax Numbers: (323) 933-5847 • (800) 272-2713

RE: RESTER, SAMUEL
Asbestos Overall Conclusions
August 17, 2006
Page 2

DISCUSSION: – (continued)

The supine computerized tomographic scan of the chest without iodinated contrast (spiral CT scan) is designed to screen for pleural plaquing and differentiate extra-pleural fat from pleural plaques. It also looks for pulmonary nodules suggestive for carcinoma, rounded atelectasis, mesotheliomas and pleural effusions. Compared with plain radiographs, it is better able to separate out the chest wall, pleura, hila, mediastinum and lung parenchyma for improved delineation of individual findings. It is superior to plain radiographs for the detection of calcification within plaques. Should interstitial fibrosis be a concern, then prone HRCT would be necessary because the spiral CT scan is performed with relatively thick slices (5 mm thick, 5 mm apart) and in the supine position, leading to dependent density where the blood pools in the posterior aspects of the lungs causing increased density, the areas most often the location of interstitial fibrosis caused by asbestosis.

The prone high resolution, thin slice computerized tomographic scan of the lungs (HRCT) is designed to evaluate the chest for interstitial fibrosis, given its thin slices (1.0 mm thick). Improved resolution, but lesser screening for pleural plaque formation and improved pulmonary nodule characterization, if specifically scanned, is afforded by this technique.

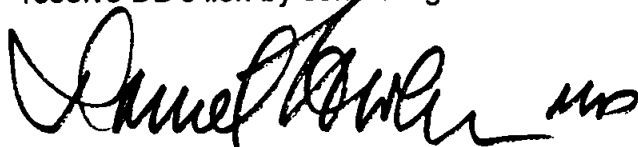
PROCEDURE:

All three studies - the plain radiographs, supine spiral CT and prone HRCT were obtained at **HEALTHCARE IMAGING CENTER (RIVERSIDE, CALIFORNIA)** by Tony Marchbanks, CRT, ARRT. The supine spiral CT and prone HRCT studies were performed on a General Electric, Hi-Speed spiral CT scanner.

Statement Regarding Section 139.3 of the Labor Code and Truth in Reporting:

Under penalty of perjury, the above diagnostic imaging studies and report have not been obtained in knowing violation of Labor Code Section 139.3 and the contents of the report are true and correct to the best knowledge of the signing physician below.

Mailing Notice and Lien Settlement Request – Please add Discovery Diagnostics, Inc. (DD) to the address list for service of all notices of conferences, MSC's and hearings before the WCAB. DD is advising the WCAB that it may not appear at hearings or MSC's for the case in chief; however, in accordance with Procedures set forth in the Policy and Procedural Manual Index No. 6.610 effective 2/1/95, DD requests defendants to have full authority to resolve DD's lien by contacting DD's office and asking to speak with a DD "lien negotiator".



Daniel Powers, M.D.
Diagnostic Radiologist
American Board of Radiology Certified
Federal Government Certified "B-Reader"
California License #G034426

DISCOVERY DIAGNOSTICS INC.

6200 WILSHIRE BLVD. #1008, LOS ANGELES, CA 90048
(323) 933-5100 or (800) 222-6768

PERSON'S NAME AND AGE:

Samuel Rester 69 years old

FILE NUMBER:

47082

FACILITY:

Healthcare Imaging (Riverside, CA.)

X-RAY TECHNOLOGIST:

Tony Marchbank, CRT, ARRT

REFERRING PHYSICIAN:

Prakash Jay, MD

1A. DATE OF X-RAY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">MONTH 08</td> <td style="padding: 2px;">DAY 17</td> <td style="padding: 2px;">YEAR 06</td> </tr> </table> <p style="text-align: center;">4 FILMS</p>		MONTH 08	DAY 17	YEAR 06	1B. FILM QUALITY ON PA VIEW <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> Overexposed (dark)</td> <td style="padding: 2px;"><input type="checkbox"/> Rotation</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Underinflation</td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> Underexposed (light)</td> <td style="padding: 2px;"><input type="checkbox"/> Poor Contrast</td> <td style="padding: 2px;"><input type="checkbox"/> Mottle</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Lateral Chest Walls</td> <td style="padding: 2px;"><input type="checkbox"/> Poor Processing</td> <td style="padding: 2px;"><input type="checkbox"/> Scapulae</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Artifacts</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Other</td> <td colspan="2"></td> </tr> </table>		<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Rotation	<input checked="" type="checkbox"/> Underinflation	<input checked="" type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor Contrast	<input type="checkbox"/> Mottle	<input type="checkbox"/> Lateral Chest Walls	<input type="checkbox"/> Poor Processing	<input type="checkbox"/> Scapulae	<input type="checkbox"/> Artifacts			<input type="checkbox"/> Other			1C. IS FILM COMPLETELY NEGATIVE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PROCEED TO SECTION 2											
MONTH 08	DAY 17	YEAR 06																															
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2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/> COMPLETE 2B and 2C NO <input type="checkbox"/> PROCEED TO SECTION 3																																	
2B. SMALL OPACITIES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; font-size: small;">a. SHAPE/SIZE</th> <th colspan="2" style="text-align: left; font-size: small;">b. ZONES</th> <th style="text-align: left; font-size: small;">c. PROFUSION</th> </tr> <tr> <th style="font-size: x-small;">PRIMARY</th> <th style="font-size: x-small;">SECONDARY</th> <th style="font-size: x-small;">R</th> <th style="font-size: x-small;">L</th> <td></td> </tr> <tr> <td style="text-align: center;">p <input checked="" type="checkbox"/></td> <td style="text-align: center;">p s</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">0/- 0/0 0/1</td> </tr> <tr> <td style="text-align: center;">q t</td> <td style="text-align: center;">q <input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">1/1 1/2</td> </tr> <tr> <td style="text-align: center;">r u</td> <td style="text-align: center;">r u</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">2/1 2/2 2/3</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">3/2 3/3 3/+</td> </tr> </table>		a. SHAPE/SIZE		b. ZONES		c. PROFUSION	PRIMARY	SECONDARY	R	L		p <input checked="" type="checkbox"/>	p s	<input type="checkbox"/>	<input type="checkbox"/>	0/- 0/0 0/1	q t	q <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1/1 1/2	r u	r u	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2/1 2/2 2/3					3/2 3/3 3/+	2C. LARGE OPACITIES SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C PROCEED TO SECTION 3A	
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3B. PLEURAL PLAQUES (mark site, calcification, extent, and width) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="font-size: x-small;">Chest wall</th> <th style="font-size: x-small;">Site</th> <th style="font-size: x-small;">Calcification</th> <th style="font-size: x-small;">Extent (chest wall, combined for in profile and face on)</th> <th style="font-size: x-small;">Width (in profile only) (3mm minimum width required)</th> </tr> <tr> <td style="font-size: x-small;">In profile</td> <td style="text-align: center;">O R L</td> <td style="text-align: center;">O R L</td> <td rowspan="4" style="font-size: x-small;">Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3</td> <td rowspan="4" style="font-size: x-small;">3 to 5 mm = a 5 to 10 mm = b > 10 mm = c</td> </tr> <tr> <td style="font-size: x-small;">Face on</td> <td style="text-align: center;">O R L</td> <td style="text-align: center;">O R L</td> </tr> <tr> <td style="font-size: x-small;">Diaphragm</td> <td style="text-align: center;">O R L</td> <td style="text-align: center;">O R L</td> </tr> <tr> <td style="font-size: x-small;">Other site(s)</td> <td style="text-align: center;">O R L</td> <td style="text-align: center;">O R L</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">1 2 3</td> <td style="text-align: center;">O L</td> <td style="text-align: center;">O R</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">1 2 3</td> <td style="text-align: center;">1 2 3</td> <td style="text-align: center;">a b c</td> </tr> </table>				Chest wall	Site	Calcification	Extent (chest wall, combined for in profile and face on)	Width (in profile only) (3mm minimum width required)	In profile	O R L	O R L	Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3	3 to 5 mm = a 5 to 10 mm = b > 10 mm = c	Face on	O R L	O R L	Diaphragm	O R L	O R L	Other site(s)	O R L	O R L			1 2 3	O L	O R			1 2 3	1 2 3	a b c	
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3C. COSTOPHRENIC ANGLE OBLITERATION R L <input type="checkbox"/> PROCEED TO SECTION 3D NO <input type="checkbox"/> PROCEED TO SECTION 4A																																	
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Discovery Diagnostics, Inc.
 6200 Wilshire Blvd., #1006
 Los Angeles, Ca 90048
 (323) 933-5100
 WCAB: LBO 370152

PROOF OF SERVICE BY MAIL
 STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am employed in the County of Los Angeles, State of California.
 I am over the age of 18 and not a party to the within action; my
 business address is 6200 WILSHIRE BLVD., #1006, LOS ANGELES, CA 90048.

On September 11, 2006, I served the foregoing document described as

SAMUEL D. RESTER VS. VARIOUS
 BILL, REPORT & GREEN LIEN

on the parties listed below in this action by placing a true copy
 thereof enclosed in a sealed envelope with postage thereon fully
 prepaid in the United States mail at: Los Angeles, California,
 addressed as follows:

Ned Gaylord, Esq.
 4001 Atlantic Avenue
 Long Beach Ca 90807

Aig Claims Service
 South Coast Metro
 1 Macarthur Place #400
 Santa Ana Ca 92707

W.C.A.B.
 Arco Ctr, 300 Oceangate
 Rm 202
 Long Beach Ca 90802

Adelson, Testan, Brundo & Popa
 100 Oceangate
 Suite 830
 Long Beach Ca 90802

Argonaut Insurance Co.
 Abestos Unit
 101 California Ste#1150
 San Francisco Ca 94111

Liberty Mutual Insurance
 333 City Blvd West
 Suite # 500
 Orange Ca 92868-1020

(BY MAIL) I caused such envelope with postage thereon fully prepaid
 be placed in the United States mail at Los Angeles, California.

I declare under penalty of perjury under the laws of the State of
 California that the above is true and correct, to the best of my
 knowledge.

File: 47082

By: Amy Cosio



DISCOVERY DIAGNOSTICS INC.

6200 WILSHIRE BLVD. #1008, LOS ANGELES, CA 90048
(323) 933-5100 or (800) 222-6768

PERSON'S NAME AND AGE:

Samuel Rester 69 years old

FILE NUMBER:

47082

FACILITY:

Healthcare Imaging (Riverside, CA.)

X-RAY TECHNOLOGIST:

Tony Marchbank, CRT, ARRT

REFERRING PHYSICIAN:

Prakash Jay, MD

1A. DATE OF X-RAY <table border="1" style="width:100%; text-align: center;"> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>08</td> <td>17</td> <td>06</td> </tr> </table> <p style="text-align: center;">4 FILMS</p>	MONTH	DAY	YEAR	08	17	06	1B. FILM QUALITY ON PA VIEW <table style="width:100%;"> <tr> <td><input type="checkbox"/> Overexposed (dark)</td> <td><input type="checkbox"/> Rotation</td> <td><input checked="" type="checkbox"/> Underinflation</td> </tr> <tr> <td><input checked="" type="checkbox"/> Underexposed (light)</td> <td><input type="checkbox"/> Poor Contrast</td> <td><input type="checkbox"/> Mottle</td> </tr> <tr> <td><input type="checkbox"/> Lateral Chest Walls</td> <td><input type="checkbox"/> Poor Processing</td> <td><input type="checkbox"/> Scapulae</td> </tr> <tr> <td><input type="checkbox"/> Artifacts</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Rotation	<input checked="" type="checkbox"/> Underinflation	<input checked="" type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor Contrast	<input type="checkbox"/> Mottle	<input type="checkbox"/> Lateral Chest Walls	<input type="checkbox"/> Poor Processing	<input type="checkbox"/> Scapulae	<input type="checkbox"/> Artifacts			<input type="checkbox"/> Other			1C. IS FILM COMPLETELY NEGATIVE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <p style="text-align: right;">PROCEED TO SECTION 2</p>																												
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PERSON'S NAME AI AGE:

FILE NUMBER:

Samuel Rester 69 years old

47082

DANIEL POWERS, M.D.

B READER

AMERICAN BOARD OF RADIOLOGY CERTIFIED
CALIFORNIA MEDICAL LICENSE # G 34426

DISCOVERY

DIAGNOSTICS INC.

6200 WILSHIRE BLVD. #1008, LOS ANGELES, CA 90048
(323) 933-5100 or (800) 222-6768

4A. ANY OTHER ABNORMALITIES?

YES

COMPLETE
4B, 4C, 4D, 4E

NO

4B. OTHER SYMBOLS (OBLIGATORY)

☒ O ☒ at ☐ ax ☐ bu ☐ ca ☐ cg ☐ cn ☐ co ☐ cp ☐ cv ☐ di ☐ ef ☐ em ☐ es ☐ fr ☐ hi ☐ ho ☐ id ☐ ih ☐ kl ☐ me ☐ pa ☐ pb ☒ px ☐ ra ☐ rp ☐ tb

Other diseases or significant abnormalities

Date Personal Physician or Worker Notified?

OD

MONTH	DAY	YEAR

4C. MARK ALL BOXES THAT APPLY:

Abnormalities of the Diaphragm

- ☐ Eventration ☐ Prominent muscles slips
☐ Hiatal hernia

Airway Disorders

- ☐ Hyperinflation
☐ Bronchovascular markings, heavy or increased

Bony Abnormalities

- ☐ Bony chest cage abnormality ☐ Scoliosis
☐ Vertebral body compression fracture ☐ Kyphosis
☐ Clavicle fracture ☐ AC joint/glenohumeral joint abnormalities
☐ Vertebral column deteriorative changes which can include bony spurring, disc space narrowing, vacuum disc phenomenon and/or calcified disc

Lung Parenchymal Abnormalities

- ☐ Azygos lobe ☐ Nodule, nodular lesion
☐ Infiltrate/Consolidation ☐ Other lung density

Miscellaneous Abnormalities

- ☐ Post-surgical changes/sternal wire
☐ Pacemaker
☐ Shorter pacemaker lead, curved upwards
☐ Foreign body
☐ Prominent fatty deposition involving the mediastinum or cardiophrenic fat pads

Vascular Disorders

- ☐ Anomaly of Aorta
☐ Vascular abnormality

4D. OTHER COMMENTS

4E. SHOULD PERSON SEE PERSONAL PHYSICIAN BECAUSE OF FINDINGS IN SECTIONS 4B, 4C, 4D?

YES

NO

(UNLESS
CLINICALLY
INDICATED)

- ☒ NO PLAIN RADIOGRAPHIC EVIDENCE FOR ASBESTOSIS AT THIS TIME.
☐ PLEURAL PLAQUE FORMATION CONSISTENT WITH PRIOR ASBESTOS EXPOSURE.
☐ PARENCHYMAL CHANGES HAVING THE APPEARANCE AND DISTRIBUTION OF ASBESTOSIS.
☐ PARENCHYMAL CHANGES AND PLEURAL PLAQUING CONSISTENT WITH THE RADIOGRAPHIC DIAGNOSIS OF ASBESTOSIS.

B-READER PHYSICIAN:

FILE NUMBER:

PERSON'S NAME AND AGE:

F. ILITY:

47082

Samuel Rester 69 years old

Healthcare Imaging (Riverside, CA.)

1A. DATE OF CT

MONTH	DAY	YEAR
08	17	06

1B. SCANNER

GENERAL ELECTRIC, HI SPEED SPIRAL CT/
SUPINE 5mm THICK SLICES, 5mm APART1C. IS STUDY COMPLETELY
NEGATIVE?YES ☐NO ☒ Proceed to
Section 22A. ANY PARENCHYMAL ABNORMALITIES
CONSISTENT WITH PNEUMOCONIOSIS?YES ☐ COMPLETE
2B and 2CNO ☒ PROCEED TO
SECTION 3

2B. SMALL OPACITIES

- a. NO VISUALIZED INTERSTITIAL CHANGES—SUGGEST PRONE
HRCT TO EXCLUDE MILD DISEASE ☒
- b. DEPENDENT DENSITY MAKING MILD DISEASE DIFFICULT TO
IDENTIFY—SUGGEST PRONE HRCT ☐
- c. MODERATE DISEASE ☐
- d. SEVERE DISEASE ☐

2C. NODULES/MASSES

NON-CALCIFIED NODULES UNDER 5mm

NON-CALCIFIED NODULES ≥ 5mm

PROBABLE CALCIFIED GRANULOMA(S)

ROUNDED ATELECTASIS

CICATRICAL MASS

PROCEED TO SECTION 3

SITE	
<input checked="" type="checkbox"/>	R L
<input checked="" type="checkbox"/>	R L
<input checked="" type="checkbox"/>	R L
<input checked="" type="checkbox"/>	R L
<input checked="" type="checkbox"/>	R L

3A. ANY PLEURAL ABNORMALITIES
CONSISTENT WITH PNEUMOCONIOSIS?YES ☒ COMPLETE
3B, 3C, and 3DNO ☐ PROCEED TO
SECTION 4

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall

Site

Calcification

Extent (chest wall; combined for
in profile and face on)
Up to 1/4 of lateral chest wall = 1
1/4 to 1/2 of lateral chest wall = 2
> 1/2 of lateral chest wall = 3Width (in profile only)
1 to 5 mm = a
5 to 10 mm = b
> 10 mm = c

In profile

Face on

Diaphragm

Other site(s)

<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L

<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L

<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L

<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L

<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L

<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L

3C. COSTOPHRENIC ANGLE OBLITERATION

R L

PROCEED TO
SECTION 3DNO ☒ PROCEED TO
SECTION 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall

Site

Calcification

Extent

Width

In profile

Face on

<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L

<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L

<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L
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<input checked="" type="checkbox"/>	R	L

<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L

<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L
<input checked="" type="checkbox"/>	R	L

4A. ANY OTHER ABNORMALITIES?YES ☒ COMPLETE
4B, 4C, 4D, 4ENO ☐

4B. OTHER SYMBOLS (OBLIGATORY)

☐ O ☐ aa ☐ al ☐ ax ☐ bu ☐ ca ☒ cn ☐ co ☐ cp ☐ cv ☐ di ☐ ef ☐ em ☐ es ☐ fr ☐ hi ☐ ho ☐ id ☐ ih ☐ kl ☐ me ☒ pa ☐ pb ☐ pi ☐ px ☐ ra ☐ rp ☐ tb

Other diseases or significant abnormalities

OD

Date Personal Physician or Worker Notified?

MONTH	DAY	YEAR

4C/D. OTHER COMMENTS?

① PLAQUE IS VERY THIN

② #25 → PROBABLY BRANCHING VESSEL RATHER THAN NODULE
ON (R).4E. SHOULD PERSON SEE PERSONAL PHYSICIAN BECAUSE OF FINDINGS IN
SECTIONS 4B, 4C, 4C(2), 4D?YES ☒(UNLESS
CLINICALLY
INDICATED)

DANIEL POWERS, M.D.

B READER

AMERICAN BOARD OF RADIOLOGY CERTIFIED
CALIFORNIA MEDICAL LICENSE # G 34426

DISCOVERY

DIAGNOSTICS INC.

6200 WILSHIRE BLVD. #1008, LOS ANGELES, CA 90048
(323) 933-5100 or (800) 222-6768

PERSON'S NAME AND AGE:

LE NUMBER:

Samuel Resrter 69 years old

47082

4C(2). ANY OTHER ABNORMALITIES? YES ☒NO ☐

MARK ALL BOXES THAT APPLY:

Abnormalities of the Diaphragm

- ☐ Eventration
☐ Hiatal Hernia

Airway Disorders

- ☐ Thickened Bronchial walls ☐ Mucous Plugging
☐ Bronchiectasis

Bony Abnormalities

- ☐ Scoliosis
☐ Vertebral column deteriorative changes which can include bony spurring, disc space narrowing, vacuum disc phenomenon and/or calcified disc
☐ Costovertebral Joint Deteriorative Changes
☐ Vertebral body spurring or calcified ligamentum flava encroaching into neuroforamina of spinal canal
☐ Facet Joint Deteriorative Changes
☐ Schmorl's Node(s)

Vascular Disorders

- ☐ Anomaly of Aorta
☐ Vascular abnormality
☐ Coronary Artery Calcifications
☐ Limited ☐ Moderate ☐ Dense/Severe

Abdominal Abnormalities

Abnormalities of the Liver

- ☐ Rounded Low Density Lesions ☐ Calcified Granulomas ☐ Fatty Infiltration

Abnormalities of the Spleen

- ☒ Calcified Granulomas ☐ Small Splenic Size ☐ Elongated/Enlarged Splenic Size

Abnormalities of the Adrenal Glands

- ☐ Right ☐ Left ☐ Hyperplasia/Diffuse Enlargement ☐ Focal Mass

Abnormalities of the Gall Bladder

- ☐ Distended ☐ Sludge ☐ Calcified Stone(s) ☐ S/P Cholecystectomy

Abnormalities of the Kidneys

- ☐ Right ☐ Left ☐ Apparent low density "cysts" ☐ High density mass
☐ Isodense or heterogeneous mass ☐ Rim calcified mass ☐ Stone(s)/Nephrolithiasis

Lung Parenchymal Abnormalities

- ☐ Azygos Lobe
☐ Infiltrate/Consolidation
☐ Nodule, Nodular Lesion
☐ Volume Loss
☐ Mediastinal Shift to ☐ Right or ☒ Left
☐ Paravertebral Atelectasis/Scarring to ☐ Right or ☐ Left
☐ Emphysema
☐ Centrilobular ☐ Paraseptal ☐ Panlobular ☐ Paracicatricial

Miscellaneous Abnormalities

- ☐ Foreign Body
☐ Post-surgical Changes/Sternal Wire
☐ Pacemaker
☐ Prominent fatty deposition involving the mediastinum or cardiophrenic fat pads
☐ Extra-pleural chest wall fatty deposition
☒ Calcified Lymph Nodes 34/31
☐ Pretracheal ☒ Right Hilar ☐ Left Hilar
☐ Subcarinal ☐ Para-aortic ☐ Other

- ☐ NO CT EVIDENCE FOR ASBESTOSIS AT THIS TIME.
☒ PLEURAL PLAQUE FORMATION CONSISTENT WITH PRIOR ASBESTOS EXPOSURE.
☐ PARENCHYMAL CHANGES HAVING THE APPEARANCE AND DISTRIBUTION OF ASBESTOSIS.
☐ PARENCHYMAL CHANGES AND PLEURAL PLAQUING CONSISTENT WITH THE CT DIAGNOSIS OF ASBESTOSIS.

B-READER PHYSICIAN:

DANIEL POWERS, M.D.

B READER

AMERICAN BOARD OF RADIOLOGY CERTIFIED
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DISCOVERY

DIAGNOSTICS INC.

6200 WILSHIRE BLVD. #1008, LOS ANGELES, CA 90048
(323) 933-5100 or (800) 222-6768

FILE NUMBER:
47082PERSON'S NAME AND AGE:
Samuel Rester 69 years oldFACILITY:
Healthcare Imaging (Riverside, CA.)

1A. DATE OF HRCT

MONTH	DAY	YEAR
08	13	06

1B. SCANNER

GENERAL ELECTRIC HI-SPEED CT
PRONE 1mm THICK SLICES1C. IS STUDY COMPLETELY
NEGATIVE?YES ☐NO ☒ Proceed to
Section 22A. ANY PARENCHYMAL ABNORMALITIES
CONSISTENT WITH PNEUMOCONIOSIS?YES ☒ COMPLETE
2B and 2CNO ☐ PROCEED TO
SECTION 3

2B. SMALL OPACITIES

SITE ☐ EXTENT ☐

INTRALOBULAR INTERSTITIAL THICKENING

0 1 2 3

INTERLOBULAR SEPTAL THICKENING

0 1 2 3

NON-DEPDT. SUBPLEURAL LINE FORMATION

0 1 2 3

PARENCHYMAL BANDS

0 1 2 3

HONEYCOMBING

0 1 2 3

GROUND GLASS AREAS

0 1 2 3

2C. NODULES/MASSSES

SITE

NON-CALCIFIED NODULES UNDER 5mm

R L

NON-CALCIFIED NODULES ≥ 5mm

R L

PROBABLE CALCIFIED GRANULOMA(S)

R L

ROUNDED ATELECTASIS

R L

CICATRICIAL MASS

R L

PROCEED TO SECTION 3

3A. ANY PLEURAL ABNORMALITIES
CONSISTENT WITH PNEUMOCONIOSIS?YES ☐ COMPLETE
3B, 3C, and 3DNO ☐ PROCEED TO
SECTION 4

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall

Site

Calcification

Extent (chest wall; combined for
in profile and face on)Up to 1/4 of lateral chest wall = 1
1/4 to 1/2 of lateral chest wall = 2
> 1/2 of lateral chest wall = 3

Width (in profile only)

1 to 5 mm = a

5 to 10 mm = b

> 10 mm = c

In profile

R	L
O	X

R	L
X	X

R	L
1	2

R	L
1	2

R	L
a	b

R	L
a	b

Face on

R	L
O	X

R	L
X	X

R	L
1	2

R	L
1	2

R	L
a	b

R	L
a	b

Diaphragm

R	L
O	X

R	L
X	X

R	L
1	2

R	L
1	2

R	L
a	b

R	L
a	b

Other site(s)

R	L
O	X

R	L
X	X

R	L
1	2

R	L
1	2

R	L
a	b

R	L
a	b

3C. COSTOPHRENIC ANGLE OBLITERATION

R L

PROCEED TO
SECTION 3DNO ☒PROCEED TO
SECTION 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall

Site

Calcification

Extent

Width

In profile

R	L
O	L

R	L
O	L

R	L
1	2

R	L
1	2

R	L
a	b

R	L
a	b

Face on

R	L
O	L

R	L
O	L

R	L
1	2

R	L
1	2

R	L
a	b

R	L
a	b

4A. ANY OTHER ABNORMALITIES?

YES ☒ COMPLETE
4B, 4C, 4D, 4ENO ☐

4B. OTHER SYMBOLS (OBLIGATORY)

☐ aa ☐ at ☐ ax ☐ bu ☐ ca ☒ cn ☐ co ☐ cp ☐ cv ☐ di ☐ ef ☐ em ☐ es ☐ fr ☐ hi ☐ ho ☐ id ☐ ih ☐ kl ☐ me ☐ pa ☐ pb ☐ pl ☐ px ☐ ra ☐ rp ☐ tb

Other diseases or significant abnormalities

☐ OD

Date Personal Physician or Worker Notified?

MONTH	DAY	YEAR

4C/D. OTHER COMMENTS?

4E. SHOULD PERSON SEE PERSONAL PHYSICIAN BECAUSE OF FINDINGS IN
SECTIONS 4B, 4C, 4C(2), 4D?YES ☒(UNLESS
CLINICALLY
INDICATED)

DANIEL POWERS, M.D.

B READER

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(323) 933-5100 or (800) 222-6768

PERSON'S NAME AND AGE:

LE NUMBER:

Samuel Rester 69 years old

47082

4C(2). ANY OTHER ABNORMALITIES? YES ☒NO ☐

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☐ Volume Loss
☐ Mediastinal Shift to ☐ Right or ☒ Left
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☐ Emphysema
☐ Centrilobular ☐ Paraseptal ☐ Panlobular ☐ Paracicatricial

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- ☐ Foreign Body
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☐ Pacemaker
☐ Prominent fatty deposition involving the mediastinum or cardiophrenic fat pads
☐ Extra-pleural chest wall fatty deposition
☒ Calcified Lymph Nodes
☐ Pretracheal ☒ Right Hilar ☐ Left Hilar
☐ Subcarinal ☐ Para-aortic ☐ Other

DANIEL POWERS, M.D.

B-READER

AMERICAN BOARD OF RADIOLOGY CERTIFIED
CALIFORNIA MEDICAL LICENSE # G 34426

DISCOVERY

DIAGNOSTICS INC.

6200 WILSHIRE BLVD. #1008, LOS ANGELES, CA 90048
(323) 933-5100 or (800) 222-6768

- ☐ NO HRCT EVIDENCE FOR ASBESTOSIS AT THIS TIME.
☐ PLEURAL PLAQUE FORMATION CONSISTENT WITH PRIOR ASBESTOS EXPOSURE.
☐ PARENCHYMAL CHANGES HAVING THE APPEARANCE AND DISTRIBUTION OF ASBESTOSIS.
☒ PARENCHYMAL CHANGES AND PLEURAL PLAQUE FORMATION CONSISTENT WITH THE HRCT DIAGNOSIS OF ASBESTOSIS.

B-READER PHYSICIAN:



Discovery Diagnostics, Inc.
 6200 Wilshire Blvd, #1006
 Los Angeles, Ca 90048
 (323) 933-5100
 WCAB: LBO 370152

PROOF OF SERVICE BY MAIL
 STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am employed in the County of Los Angeles, State of California.
 I am over the age of 18 and not a party to the within action; my
 business address is 6200 WILSHIRE BLVD., #1006, LOS ANGELES, CA 90048.

On September 11, 2006, I served the foregoing document described as

SAMUEL D. RESTER VS. VARIOUS
 BILL, REPORT & GREEN LIEN

on the parties listed below in this action by placing a true copy
 thereof enclosed in a sealed envelope with postage thereon fully
 prepaid in the United States mail at: Los Angeles, California,
 addressed as follows:

Ned Gaylord, Esq.
 4001 Atlantic Avenue
 Long Beach Ca 90807

Adelson, Testan, Brundo & Popp
 100 OceanGate
 Suite 830
 Long Beach Ca 90802

Aig Claims Service
 South Coast Metro
 1 Macarthur Place #400
 Santa Ana Ca 92707

Argonaut Insurance Co.
 Abestos Unit
 101 California Ste#1150
 San Francisco Ca 94111

W.C.A.B.
 Arco Ctr, 300 OceanGate
 Rm 202
 Long Beach Ca 90802

Liberty Mutual Insurance
 333 City Blvd West
 Suite # 500
 Orange Ca 92668-1020

(BY MAIL) I caused such envelope with postage thereon fully prepaid
 be placed in the United States mail at Los Angeles, California.

I declare under penalty of perjury under the laws of the State of
 California that the above is true and correct, to the best of my
 knowledge.

File: 47082

By: Amy Cosio

CERTIFICATE OF SERVICE

I am employed in the County of Marin, State of California. I am over the age of 18 years and am not a party to the within action. My business address is 222 Rush Landing Road, P.O. Box 6169, Novato, California, 94948-6169.

On the date indicated below, I served the foregoing Statement of Case Status and attachments upon all counsel of record pursuant to the local rules of the United States District Court for the Northern District of California, upon filing with that Court, using that Court's transmission facilities by means of the Court's CM/ECF (Case Management / Electronic Case Filing) system.

On this ____ day of July 2007

/s/ John Derby

John Derby

BRAYTON♦PURCELL LLP
ATTORNEYS AT LAW
222 RUSH LANDING ROAD
P O BOX 6169
NOVATO, CALIFORNIA 94948-6169
(415) 898-1555